MARYLAND : 5194

05128

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 9 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balt. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3 Ward
STREET ADDRESS (If rural, give location) 1117 Division St.

M

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EVA	MAE	ADAMS	6	13	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	Col.		8/29/99	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Nathaniel West
14. MOTHER'S MAIDEN NAME Lavinia Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

I

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart failure	4 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
	—		m.		—

22. I hereby certify that I attended the deceased from 7 April, 1954, to 13 June, 1954, that I last saw the deceased alive on 13 June, 1954, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE Arnold N. Eibert, M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/16/54	Mt Auburn	Balto. Md

DATE REC'D BY LOCAL REG. 6-15-54 REGISTRAR'S SIGNATURE A. W. Hebert

24. FUNERAL DIRECTOR Wm. H. Kelson ADDRESS 1303 Presstman St

5195

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05129

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Ann Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenhaven Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stony Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 1303 Diver Court

3. NAME OF DECEASED (Type or Print): (First) Ivan (Middle) Junior (Last) Baggett
4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 4 16 39
9. AGE last birthday: 15 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Pupil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. CHARLES - Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: KELLY - BAGGETT
14. MOTHER'S MAIDEN NAME: ZORA - THOMAS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Cr F. Hedgecock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Accidental Drowning	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Stony Creek | (CITY OR TOWN) | (COUNTY) 02 | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave A Punchard	Deputy Med. Examiner	Glen Burnie, Md.	6-27-54

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/2/54	Holy Cross	A.A.Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-1-54	C W Hedgecock	Geo. J Gonce	4001 Ritchie Highway

VS. A15A

Jonce

5164

05130

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY D.C.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C. 47K-3
STREET ADDRESS (If rural, give location) 2115 Yorktown Rd. NW

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	J.	Bakalis	6	30	1954

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		12-6-1879	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Restaurateur	Owner	Greece	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unk	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Jimmy Bakalis Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420	(a) Coronary Thrombosis	24 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio Sclerotic Heart	2 years.
DUE TO		
	(c) Unknown	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pt. Hemiplegia 2 years

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and ~~and~~ that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George C. Buck M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-3-54	Rock Creek	Washington D.C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1, 1954	[signature]	S. H. Hines Co.	Washington D.C.

RECEIVED
JUL 6 1954
BUREAU V. S.

5165

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05131 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY A.A. County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ann ARUNDEL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47.3
STREET ADDRESS (If rural, give location) 1057 Wahler Place

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Shirley Brogham	6 27 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F.	W.	M.	July 5 1925	18 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper		Wash. D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Norwood L. Wressells	Olive Rudda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	Mr. Wessel (Uncle)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture Skull — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 24hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) (County) A.A.Co.	(State) MD.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 26 54 7 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Auto accident struck object	

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ — DATE SIGNED 6/27/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-1-54	National Memorial Park	Falls Church Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/54	Wm. J. French mmt.	Davis Funeral Home	2847 Arlington Blvd. Arl. Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUL 1 1954
BUREAU V. S.

MARYLAND 5196

05132
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH · COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville X
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Highland 13 X-2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Remus (Middle) Francis (Last) Bentley

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Wesley Bentley

14. MOTHER'S MAIDEN NAME: Mary Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service): Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records and Sister, Sarah Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1777

Immediate cause (a) Dehydration, uremia, arteriosclerosis — Known to us since 5/29/54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of prostate. — " — "

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - - - - - - - - - - - - - -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - - - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - - - - - -

(CITY OR TOWN) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 5/29, 1954, to 6/2, 1954, that I last saw the deceased alive on 6/2, 1954, and that death occurred at 11:50p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold N. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 6/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/6/54 — NAME OF CEMETERY OR CREMATORY: Highland Mem'l — LOCATION (City, town, or county): Hopkins Chapel — (State): Howard

DATE REC'D BY LOCAL REG.: 6-3-54 — REGISTRAR'S SIGNATURE: K M [illegible] — FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 9 1954
BUREAU V. S.

5166

05133

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 89 Calvert St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 89 Calvert St.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) M. (Last) Brown
4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 2-3-1896
9. AGE last birthday: 58 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Calvary, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Tootles
14. MOTHER'S MAIDEN NAME: Elizabeth Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Isabella Sherm - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 4 H.D.I. Coronary Thrombosis — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Card vascular — 4 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954, to June 25, 1954, that I last saw the deceased alive on June 25, 1954, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: [illegible] — (Degree or title): M.D. — ADDRESS: [illegible] — DATE SIGNED: 6-27-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-27-54 — NAME OF CEMETERY OR CREMATORY: Brewer Hill — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: June 26, 1954 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: William [illegible] II - 108 N. St. Washington St. Annapolis, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

M

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Film#G168 Item# 6 7/1/54 emf

05134

MARYLAND

5167

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write, RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 101 Calvert St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Brown
4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 1954

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 2-18-1898
9. AGE last birthday 56 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bldg Attendant
10b. KIND OF BUSINESS OR INDUSTRY U.S. Naval Acad.
11. BIRTHPLACE (State or foreign country) Lothian, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Lloyd Brown
14. MOTHER'S MAIDEN NAME Harriett Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Harriett Sembley - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Thrombosis Ant.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-[illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on 6-[illegible], 1954, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] 6-21-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-22-1954
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR William Reese II - 108 N. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND 5197 05135

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville X
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1618 John Street

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Carter

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/8/08

9. AGE last birthday: 46 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk.

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-vascular Disease — Interval Between Onset and Death: Known to us since 6/19/54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19 ..., 19 54 to 6/22 19 54, that I last saw the deceased alive on 6/22, 19 54, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Richert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 6/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 6/27/54 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6-24-54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Geo. H. Kelson — ADDRESS: 1303 Preastman St.

MARGIN RESERVED FOR BINDING

Citizen: Film G 167 6/10/54 cm

STATE OF MARYLAND—CERTIFICATE OF DEATH

05136

1. PLACE OF DEATH 5198

County Anna Arundle Registration Dist. No. 21

Village or City [illegible] No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ceska If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ceska

6. DATE OF BIRTH (month, day, and year) Jan 1, 1869

7. AGE 85 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czeckoslovakia citizen: USA

FATHER

13. NAME Joseph Vachuta

14. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

17. INFORMANT (Address) Dorothy A. Ray 406 N. KenwoodAve.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 6/7/54, 19

19. UNDERTAKER (Address) Schimunek Funeral Home 2601-03-05 E. Madison Street

20. FILED 6-7, 1954 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JUNE (Month) 3 (Day) 1954 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1952, to June, 1954

I last saw her alive on June 3, 1954; death is said to have occurred on the date stated above, at 1 45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	10 yrs.
Arteriosclerotic heart disease	5 yrs.

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) [illegible] M. D.

(Address) Severna Park, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Film#G168 Item# 13 7/2/54 emf

5168

05137

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Maryland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 30 Maryland Avenue

3. NAME OF DECEASED (Type or Print) (First) KATHRYN ~~CATHERINE~~ (Middle) L. (Last) CHARBONEAU

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Sept. 3, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: McInerner First name unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr. J. C. Charboneau Hackensack, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra-cerebellar hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Merin M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED June 28, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF June 30, 1954
NAME OF CEMETERY OR CREMATORY Woodlawn Ce.
LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 6-29-54
REGISTRAR'S SIGNATURE U. W. [illegible]
24. FUNERAL DIRECTOR Wm. J. Tickner & Son ADDRESS Balto. 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05138

5199

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville — LENGTH OF STAY (in this place) 1yr. 4½ mos.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural give location) 812 W. Lexington Street

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) (Last) Chesney

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Allen Rogers

14. MOTHER'S MAIDEN NAME: Tisha Rogers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic hypertensive cardiovascular disease

DUE TO

(c)

Interval Between Onset And Death: Chronic condition present for several years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: – – – – –

19b. MAJOR FINDINGS OF OPERATION –

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) – – – – – PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – – (CITY OR TOWN) (COUNTY) (STATE) – – – – – – – – – – – – – – –

TIME OF INJURY (Month) (Day) (Year) (Hour) – – – – – – – – m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? – – – – – – – – – – – – – – –

22. I hereby certify that I attended the deceased from 6/1, 1954, to 6/29, 1954, that I last saw the deceased alive on 6/29, 1954, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE C. E. Hubah M.D. (Degree or title) ADDRESS Crownsville State Hosp. DATE SIGNED 6/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/3/54 NAME OF CEMETERY OR CREMATORY Mt Auburn LOCATION (City, town or county) Balto Md (State)

DATE REC'D BY LOCAL REGISTRAR 7-1-54 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1303 Pressman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06114

5200 CERTIFICATE OF DEATH

Reg. Dist. No. 22

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / Laurel
STREET ADDRESS (If rural give location) District Training School

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Cohen

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-16-1919

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months 8 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Cohen

14. MOTHER'S MAIDEN NAME: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No: -

17. INFORMANT & ADDRESS: Jacob Cohen, 912 Faragutt St., N.W.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Lobar Pneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Spastic Paralysis	life long
	DUE TO (c) Cachexia	life long
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dementia	life long

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -
(CITY OR TOWN) -
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from June 1, 1953, to June 15, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

SIGNATURE Leo A. McConnell (Degree or title) M.D. ADDRESS Laurel Md. DATE SIGNED 6-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-17-54
NAME OF CEMETERY OR CREMATORY Elesovetgrad
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR June 16 54
REGISTRAR'S SIGNATURE Edward Baskin

24. FUNERAL DIRECTOR ADDRESS Goldberg Funeral Home, 4217 -9th St., N.W. Washington, D. C.

VS. A15

JUL 12 1954
BUREAU U. S.

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Northwest St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 116 Northwest St.

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) (Last) Colbert

4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH June 5, 1893
9. AGE last birthday 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Galesville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Phill Crowner
14. MOTHER'S MAIDEN NAME Caroline Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Harry Colbert - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arterial Hypertension cardio vascular disease

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to June 21, 1954, that I last saw the deceased alive on June 21, 1954, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree of title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 6/25/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-25-54
NAME OF CEMETERY OR CREMATORY Crowners
LOCATION (City, town, or county) Galesville, (State) Md.

DATE REC'D BY LOCAL REG. June 25, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese, I-108 N. Washington St. Annapolis, Md.
ADDRESS

1954
JUN 2
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5170 CERTIFICATE OF DEATH

05140 Reg. Dist. No. 21 34

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural give location) Route 2 Box 327

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) Tracey (Last) Cooper

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 5, 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William O. Tracey
14. MOTHER'S MAIDEN NAME: Mollie ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr. Johnnie Cooper

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension — 4 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/29, 1952, to 6/15, 1954, that I last saw the deceased alive on 6/15, 1954, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

SIGNATURE R. M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena, Md. DATE SIGNED June 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/19/54
NAME OF CEMETERY OR CREMATORY Jessop Meth. Cemetery
LOCATION (City, town, or county) (State) Balto. County, Md.

DATE REC'D BY LOCAL [redacted] 6/21/54
REGISTRAR'S SIGNATURE French - cm
24. FUNERAL DIRECTOR R. W. Singleton ADDRESS Glen Burnie, Md.

J 11, 1954 L. J. D'Alba

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 21 19
BUREAU V. S.

5171 05141

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Gilmer St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 8 Gilmer St.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Culley

4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1954

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH 6-10-54
9. AGE last birthday — yrs. If under 1 year Months 1 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles E. Culley
14. MOTHER'S MAIDEN NAME Pearl E. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Charles E. Culley - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ateleclasis of Lung.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH 1 day.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1954, to 6/11, 1954, that I last saw the deceased alive on 6/11/54, 19..., and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE Frederick H. Jones (Degree or title) M.D. ADDRESS 40 Portland Street Annapolis DATE SIGNED 6/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-12-54
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. June 12, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Riese, II - 108 W. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

M C I

RECEIVED
JUN 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5172

CERTIFICATE OF DEATH

Reg. Dist. No. 05142

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY a. a. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY a. a. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewood; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) MARTHA (Middle) A (Last) DAVIS (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: MAR. 28, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHUCKER

10B. KIND OF BUSINESS OR INDUSTRY: oyster house

11. BIRTHPLACE (State or foreign country): Ellicott City, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: W. Stewart

14. MOTHER'S MAIDEN NAME: MARY STEWART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Davis, Edgewood. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension Arteriosclerotic

DUE TO (C) Cardio renal disease — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/54, 1954 to 6/3/54, 1954 that I last saw the deceased alive on 6/3/54, 1954, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Franklin Tripley M.D. ADDRESS Annapolis, DATE SIGNED 6/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: June 7, 1954

NAME OF CEMETERY OR CREMATORY: our Lady of Sorrows

LOCATION (City, town, or county) (State): Owensville Md.

DATE REC'D BY LOCAL REGISTRAR: 6/7/54

REGISTRAR'S SIGNATURE: Elsie W. [illegible]

24. FUNERAL DIRECTOR: Hardesty Funeral Home

ADDRESS: Edgewood, Md.

RECEIVED
JUN 8 1954

MARYLAND STATE DEPARTMENT OF HEALTH

05143

5201

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pigeon Hill, COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Duke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Donovan (Last) Dawson
4. DATE OF DEATH (Month) June (Day) 1st (Year) 1954
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/20/01
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Piedmont, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Edward Dawson
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-16-6888
17. INFORMANT AND ADDRESS Md. House of Correction Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Isidore H. Faubert Deputy Medical Examiner, Glen Burnie, Md. 6/1/54

MATERIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF 6-4-54
NAME OF CEMETERY OR CREMATORY Westernport
LOCATION (City, town, or county) Westernport, (State) Md.

DATE REC'D BY LOCAL REG. June 1-54
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR D. A. Boal — ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5202 CERTIFICATE OF DEATH

05144

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort GG Meade
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Massachusetts — COUNTY Suffolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jamaica Plain Boston
STREET ADDRESS (If rural give location) 24 Newbern Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Margrett (Last) Dees
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	4 July 1926	27 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Norwood, Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nils Tofteroo
14. MOTHER'S MAIDEN NAME: Ruth Schlin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: –
17. INFORMANT & ADDRESS: Husband- James C. Dees

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cardiac Arrest	28 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Amniotic fluid embolism or	28 min.
	DUE TO (c) Procain reaction	28 min.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pregnancy, uterine, delivered.

19a. DATE OF OPERATION: Delivery by mid forceps, Thoracotomy and massage of heart for 15 min.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 June 54, 0115 to 8 June 54, 0430, that I last saw the deceased alive on 8 June, 1954, and that death occurred at 0430, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick L. Cade, Capt. M.C.
ADDRESS Fort GG Meade, Md.
DATE SIGNED 8 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12 June 54
NAME OF CEMETERY OR CREMATORY Forrest Hills
LOCATION (City, town, or county) (State) Boston, Massachusetts

DATE REC'D BY LOCAL REGISTRAR 8 June 1954
REGISTRAR'S SIGNATURE T. A. Gordon, C.M.C., USA
24. FUNERAL DIRECTOR ADDRESS J.M. Cook, Inc. Baltimore, Maryland

VS. A15

RECEIVED
JUN 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5173 05145

CERTIFICATE OF DEATH

Reg. Dist. No. 21

Inf. taken from birth cert.

1. PLACE OF DEATH: COUNTY A A MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md
STREET ADDRESS (If rural give location) Truxton Heights

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Carolyn Marie Deladrier
4. DATE OF DEATH: (Month) (Day) (Year) 6 - 5 - 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 5th 1954
9. AGE last birthday: [redacted] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 2

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Anne Arundel Co, Annapolis, Md
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Andre Deladrier
14. MOTHER'S MAIDEN NAME: Elizabeth Christine Gliebe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Andre Deladrier Truxton Heights Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Erythro Hastoris Fortalis — Interval Between Onset And Death: Birth

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 June, 1954, to 5 June, 1954, that I last saw the deceased alive on 5 June, 1954, and that death occurred at 5:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip Brasin M.D. ADDRESS 95 Cathedral St DATE SIGNED 7 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-5-54 NAME OF CEMETERY OR CREMATORY St Mary's LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR June 7, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

2064283363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1954

Item 21 Film G168 7/9/54 ams

05146

5203 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Item 7 & 13 film G168 7/6/54 cm

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rivera Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 26, Md.
STREET ADDRESS (If rural, give location) 4100 Morrison Court

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) JAMES (Last) Douglass

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 8-23-30
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Western Co
11. BIRTHPLACE (State or foreign country) Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm J. Douglass
14. MOTHER'S MAIDEN NAME Anna Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Just (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patapsco River
(CITY OR TOWN) Riviera Beach (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) June (Day) 27 (Year) 1954 (Hour) 4P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell off a row boat

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Gustave H Raubenstein (Degree or title) Deputy Med. Examiner ADDRESS Glen Burnie Md. DATE SIGNED 6-27-54

MATERIAL, CREMATION OR MOVAL (Specify) B. DATE THEREOF 7.1.54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Balto. (State)

DATE REC'D BY LOCAL REG. 6-28-54 REGISTRAR'S SIGNATURE A W Hedrick 24. FUNERAL DIRECTOR Jos L. McCauley ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05147

5204 CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY A a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pines on Severn
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pines on Severn
STREET ADDRESS (If rural give location) Arnold

3. NAME OF DECEASED: (Type or Print) (First) Loula (Middle) P. (Last) Downs

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Apr. 9-1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew J. Dunlevy

14. MOTHER'S MAIDEN NAME: Louise J. Placide

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Bryson Bruce Pines on Severn Arnold Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 Wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease — 6 yrs.
DUE TO (c) Arterio-sclerosis Generalized — 6 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1947 to June 20, 1954, that I last saw the deceased alive on 6-20-1954, and that death occurred at 3:15 PM, from the causes and on the date stated above.
SIGNATURE James R Martin (Degree or title) MD ADDRESS Annapolis, Md. DATE SIGNED 6-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-22-54 NAME OF CEMETERY OR CREMATORY Green Mount Cem LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR June 22, 1954 REGISTRAR'S SIGNATURE J. J. O'Donnell

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

RECEIVED
JUN 23 1954
BUREAU V. S.

05148

5205 MARYLAND STATE DEPARTMENT OF HEALTH

Item 7 film G168 7/6/54 cm

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2 2

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
LENGTH OF STAY (In this place): 1 month.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Telegraph Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Same — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) Alvin (Last) Drake

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/10/06

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S.N. Serjeant.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hendersonville, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Yes, and 9 months in the army.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Blanche A. Drake (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Comminuted compound fracture of skull, with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) profuse cerebral hemorrhage, due to self in-
(c) flicted wound with a 12 gauge shot gun. — Sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Severn, (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6/13/54 11.30 P.M.
INJURY OCCURRED While at Work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot himself with a gun.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: Deputy Medical Examiner (Degree or title) — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 6/15/54

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 17, 1954 — NAME OF CEMETERY OR CREMATORY: Baltimore Nat'l. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REG.: 6/15/54 — REGISTRAR'S SIGNATURE: Clara Haslup — 24. FUNERAL DIRECTOR: R. V. Singleton — ADDRESS: Glen Burnie, Md.

VS A15A

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05149

5206

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort George G. Meade
LENGTH OF STAY (in this place): 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Wisconsin — COUNTY: Douglas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Superior
STREET ADDRESS (If rural give location): 1017 Cumming Street

3. NAME OF DECEASED: (Type or Print) (First): Baby (Middle): Boy (Last): Erickson

4. DATE OF DEATH: (Month): June (Day): 5 (Year): 19.54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5 June 1954

9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. 18

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles A. Erickson, Jr.

14. MOTHER'S MAIDEN NAME: Elaine D. Bratlien

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Father: 8579 AAU, Fort Holabird, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Premature birth, neonatal death — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertension of Mother — DUE TO

(c)

Interval Between Onset And Death: 18 Min.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1327 hours 5 June, 1954, to 1345 hours 5 June, 1954, that I last saw the deceased alive on 5 June, 1954, and that death occurred at 1345, from the causes and on the date stated above.

SIGNATURE (Degree or title): Algirdas Kudirka, Capt. M.C. — ADDRESS: Fort George G. Meade, Md. — DATE SIGNED: 5 June 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8 June 54 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Fort Meade, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7 June 54 — REGISTRAR'S SIGNATURE: T. A. GORDON CWO USA — 24. FUNERAL DIRECTOR — ADDRESS: Chaplain Ritter

20642/1402

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05150

5207 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.O.Glen Burnie
LENGTH OF STAY (in this place) 8 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Point Pleasant.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same.
STREET ADDRESS (If rural give location) Same.

3. NAME OF DECEASED: (Type or Print) (First) Florence Mae (Middle) Garrettson (Last)

4. DATE OF DEATH: (Month) June (Day) 24th (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 12/23/04
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hawkins Point, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Johnson
14. MOTHER'S MAIDEN NAME: Emma Bohman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Norma Connell, (daughter).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ....., 1953, to 6/24/54, 19 ....., that I last saw the deceased alive on 6/23/54, and that death occurred at 8 A.M. ....., from the causes and on the date stated above.

SIGNATURE Gustave H. Faulkner M.D. (Degree or title) ADDRESS Glen Burnie, Md. DATE SIGNED 6/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/26/54
NAME OF CEMETERY OR CREMATORY Glen Hamon
LOCATION (City, town, or county) Glen Burnie (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/26/1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR R. V. Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1954
BUREAU V. S.

5174

MARYLAND STATE DEPARTMENT OF HEALTH

05151 WC

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 1002 - N. Chester

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Allen (Last) Gatling

4. DATE OF DEATH (Month) (Day) (Year) June 26 - 1954 19

5. SEX M.
6. COLOR OR RACE Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 9/17/18
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Steel Plant
11. BIRTHPLACE (State or foreign country) MURFREES BORO N.C
12. CITIZEN OF WHAT COUNTRY? YES

13. FATHER'S NAME JAMES H. Gatling
14. MOTHER'S MAIDEN NAME Daisey Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War #2
16. SOCIAL SECURITY No. 244-07-8660
17. INFORMANT AND ADDRESS MURFREES BORO N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Accidental Drowning	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Severn River
(CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/26/54 - 4:17 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat Capsized.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ☒ suicide ___, homicide ___, undetermined ___.*

SIGNATURE Gustave H. Faubert M.
(Degree or title) Deputy Medical Examiner
ADDRESS Glen Burnie, Md.
DATE SIGNED 6/30/54

TRIAL, CREMATION, BIOVAL (Specify) Burial
DATE THEREOF 7/1/54
NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 7-1-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Elwyn D. Wilson
ADDRESS 1000 Brantly Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

5208

05152

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 1 yr. 2 mos. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) E. (Last) Grayson

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/15/82

9. AGE last birthday: 71 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service): Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: Known to us since 3/12/53

Antecedent cause(s)

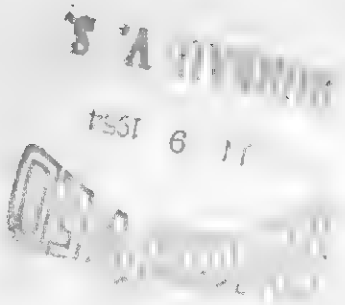
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized and cerebral arteriosclerosis — Known to us since 3/11/53

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - -



MARYLAND 5209 05153

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 5 mos 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville St. Hosp. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location) Queenstown Md

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) A. (Last) Griffin
4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 54

5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 1878
9. AGE last birthday 76 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gordon Griffin
14. MOTHER'S MAIDEN NAME Harriet Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Record at Crownsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	8 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocardial Disease	5 mos 20 days
	(c) Generalized Arteriosclerosis	5 mos 20 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐ ?

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1954, to 6-19, 1954, that I last saw the deceased alive on 6-19, 1954, and that death occurred at 2.40a. m., from the causes and on the date stated above.

SIGNATURE Arnold K. Eichert M.D. (Degree or title) ADDRESS DATE SIGNED 6-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 22/54
NAME OF CEMETERY OR CREMATORY John Westley
LOCATION (City, town, or county) Carmichael (State) Md

DATE REC'D BY LOCAL REG. June 22, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 30 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05154

5210 CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Jacobsville, Pasadena P.O. — LENGTH OF STAY (in this place): 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #5 - Box 518

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jacobsville - Pasadena P.O.
STREET ADDRESS (If rural give location): Route #5 - Box #109

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) Jacob (Last) Haines

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	September 11, 1895	58 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shipping Clerk (ret.)	R. E. Stein Co.	Carroll County, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis Haines	Barbara Aubaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	214-03-7165	Mrs. Elizabeth L. Haines — Route #5 - Box #378 Pasadena P.O., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Carcinoma of head of pancreas	8 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 4 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1949, to June 2, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): R. M. McLaughlin, M.D. — ADDRESS: Pasadena, Md. — DATE SIGNED: June 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	June 5, 1954	Cedar Hill Cemetery	Brooklyn, R. F. D., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4 1954	L. J. D'Alba	R. V. Singleton	Glen Burnie, Md.

RECEIVED
JUN 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

5175 2411 N. Charles Street, Baltimore

05155

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parole-Annapolis; LENGTH OF STAY (in this place) 6 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1949 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parole- Annapolis; STREET ADDRESS (If rural, give location) 1949 West Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year): 6/14/1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/25/1893

9. AGE last birthday: 60 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Waterbury-Maryland (A.A. Co.)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hall

14. MOTHER'S MAIDEN NAME: Adella Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Laura Hall-1949 West St. Parole-Annapolis,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Renal Disease — Interval Between Onset and Death: Feb 1, 1954

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1954, to June 17, 1954, that I last saw the deceased alive on June 14, 1954, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE: A. L. Richardson — (Degree or title) M.D. — ADDRESS 110 - Clay St Annapolis, Md. — DATE SIGNED 6/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/17/1954 — NAME OF CEMETERY OR CREMATORY: Fowlers Chapel Cemetery — LOCATION (City, town, or county) (State): Best Gate, A.A. Co. Maryland Near Annapolis

DATE REC'D BY LOCAL REG.: June 16, 1954 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Ethel L. Hicks — ADDRESS: 43-45 Northwest St. Annapolis, Md.

RECEIVED
JUN 17 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05156

5176

CERTIFICATE OF DEATH.

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Washington (Middle) Edward (Last) Harding

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 0, 1869

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): mechanic

10b. KIND OF BUSINESS OR INDUSTRY: gas + electric Co

11. BIRTHPLACE (State or foreign country): Howard Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Basil Wm. Harding

14. MOTHER'S MAIDEN NAME: Martha Owen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Joseph D. Harding, Scaggsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Cerebral Hem.

(c) Ven. Arteriosclerosis

Interval between Onset And Death: 5 days

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16, 1954, to 6-16, 1954, that I last saw the deceased alive on 6-16, 1954, and that death occurred at 11:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edith Radler M.D. — ADDRESS 45 Franklin St. Annapolis Md. — DATE SIGNED 6-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 19 1954 — NAME OF CEMETERY OR CREMATORY Emmanuel Cem. — LOCATION (City, town, or county) Scaggsville — (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 17, 1954 — REGISTRAR'S SIGNATURE J. [illegible] Board

24. FUNERAL DIRECTOR De Witt Donaldson — ADDRESS Laurel, Md.

VS. A15

RECEIVED
JUN 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5177 CERTIFICATE OF DEATH

05157

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY AA; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owensville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) CREDELLA (Middle) VIRGINIA (Last) Harried

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 20 1946

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Owensville Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Harried

14. MOTHER'S MAIDEN NAME: Irene V. Tongue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —; (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Thomas Harried Owensville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Mellitus — DUE TO — Interval Between Onset And Death: Several years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy. Grand Mal DUE TO — Several years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20 ..., 1954, to 6/22 ..., 1954, that I last saw the deceased alive on 6/22, 1954, and that death occurred at 8 AM, from the causes and on the date stated above.

SIGNATURE Philip Brucia (Degree or title) MD. ADDRESS 95 Cathedral St DATE SIGNED 6/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6/25/54; NAME OF CEMETERY OR CREMATORY Chews; LOCATION (City, town, or county) Owensville (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 25, 1954; REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Hardesty Funeral Home, ADDRESS Edgewater Md.

RECEIVED
JUN 3 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5211 CERTIFICATE OF DEATH

Reg. Dist. No. 05158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] X
LENGTH OF STAY (in this place): unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give near [illegible]) OR TOWN [illegible] X
STREET ADDRESS (If rural give location) Lake Shore Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James	Edmund	Harrington	June	24	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	White	Single	3 July 1933	20 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
U.S. Marine	Military	Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William L. Harrington	Gertrude C. Lindemann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	unknown	Marine Corps Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) probable basilar skull fracture, with bleeding from both ears.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Shock, traumatic, severe

DUE TO (c)

Interval Between Onset And Death: Arrival

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Street	Meade Heights	Anne Arundel	Maryland

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☒	HOW DID INJURY OCCUR?
June	24	54	0015 a.m.			Automobile Accident

22. I hereby certify that I attended the deceased from [illegible] 19 [illegible] to arrival 24 June 19 54, that I last saw the deceased alive on [illegible] 19 [illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE Armand L. Leone Capt MC (Degree or title) — ADDRESS Armando L. Leone, Capt., M. C., Fort Meade, — DATE SIGNED 30 June

25. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2 July 54	Glen Haven Cemetery	Glen [illegible], [illegible]

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Singleton Funeral Home

RECEIVED
JUL 2 1954
BUREAU V. S.

5178

05159

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10

LENGTH OF STAY (in this place) 6 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River +

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis

STREET ADDRESS (If rural, give location) 201 Severn Ave

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) W. (Last) Hopkins

4. DATE OF DEATH (Month) 6 (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 12-1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Boatman U.S.E.E.S.

10b. KIND OF BUSINESS OR INDUSTRY: Boatman

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Hopkins

14. MOTHER'S MAIDEN NAME: Jennie E. Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: George E. Hopkins Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sudden.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Severn River

21c. (City or town) Annapolis, (County) A.A. (State) Md.

21d. TIME OF INJURY (Month) 6/26/54 (Day) (Year) (Hour) 3P. M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Fell off a boat

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gustave H. Pauker M.D.

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6/28/54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): DATE THEREOF 6-29-54 NAME OF CEMETERY OR CREMATORY National Cemt. LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. June 29, 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUN 30 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5212 CERTIFICATE OF DEATH

06127

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Laurel; LENGTH OF STAY (in this place) 43 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Laurel; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) (Last) Hueg

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 24 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Alt Brandsleben, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christoph Dreyer

14. MOTHER'S MAIDEN NAME: Karolina Julius

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. William Hueg, Laurel, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Uraemia - Hypertension — 4 yrs

DUE TO (c) Diabetes Gangrene — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/ 1950 —, 19 54, to Jun 2, 19 54, that I last saw the deceased alive on 6/2 1954 and that death occurred at a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Md ADDRESS 314 Cypress Laurel Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation; DATE THEREOF June 4, 1954; NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory; LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR June 3; REGISTRAR'S SIGNATURE Clara Haslup

24. FUNERAL DIRECTOR De Witt Davidson ADDRESS Laurel, Md

VS. A15

RECEIVED
JUL 12 19
BUREAU V. S.

Item 1: Statements of funeral director and registrar 7-7-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05160

5213 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Glenburnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto City S.B.H. South Balto Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne-Ar-Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen-Burnie - P.O.
STREET ADDRESS (If rural give location) Box 161 - New Cut-Road

3. NAME OF DECEASED: (Type or Print) (First) PERCY (Middle) Raymond (Last) ISAACS-Sr

4. DATE OF DEATH: (Month) JUNE (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 3, 1905

9. AGE last birthday: 48 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Board of Education

11. BIRTHPLACE (State or foreign country): THEODORE, CECIL C, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MARTIN ISAACS

14. MOTHER'S MAIDEN NAME: JENNY BIDDLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-01-9059

17. INFORMANT & ADDRESS: MRS ELIZABETH ISAACS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1954, to June 27, 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 8:35 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward J Chenett M.D. ADDRESS Gambrills Md DATE SIGNED 6-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-30-54 NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR W. Pumphrey ADDRESS Glen Burnie, Md

Item 21 Film G167B 6/24/54 ams

5214

05161

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) North Beach, Md; LENGTH OF STAY (in this place) transit; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 613 Rose Haven

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North Beach Md; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Sally (Middle) MAY (Last) Jackson

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: April 30. 1916

9. AGE Last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Costley Hickerson

14. MOTHER'S MAIDEN NAME: Rose Salmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Thomas F Jackson North Beach, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Crushed Chest

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rupture of Liver

DUE TO

(c) Massive Portal Abdominal Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY street

21c. (City or town) (County) Anne Arundel (State)

21d. TIME OF INJURY (Month) 6/5/54 (Day) (Year) (Hour) 6:30 a M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? fell out of right hand door. Car turned over while trying to cur[illegible].

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William L Scott M. D.

CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ASSISTANT MEDICAL EXAM.

DATE SIGNED 6-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6/9/54

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 6/9/54

REGISTRAR'S SIGNATURE Wm J French

24. FUNERAL DIRECTOR Fr Busch sons Hyattsville, Md ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5215 05162

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potapsco Park X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 221 Shenandoah Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 842 Edmonson Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Jarmon
4. DATE OF DEATH (Month) June (Day) 16 (Year) 1954 19

5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 22-1897
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY P.R.R.
11. BIRTHPLACE (State or foreign country) Kinston, N. Carolina.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Jarmon.
14. MOTHER'S MAIDEN NAME Mickey ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1918
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Parthenia Jarmon 842 Edmondson Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of neck, due to hanging self with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) a rope. Sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Back yard (CITY OR TOWN) Potapsco Park, (COUNTY) A.A. (STATE) Maryland.
TIME OF INJURY (Month) 6/16/54 (Day) (Year) ? (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? He tied a rope around his neck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Faulkner M.
(Degree or title) Deputy Medical Examiner
ADDRESS Glen Burnie, Md.
DATE SIGNED 6/16/54

MATERIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF 6/21/1954
NAME OF CEMETERY OR CREMATORY Balto. National Cem.
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 6-18-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mrs Katie R. Williams
ADDRESS 322 N Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 21 Film G168 7/9/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

05163 WC

5179 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1601 Mullikin Court

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) R. (Last) Jefferies
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1954
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 15, 1951
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sam Jefferies
14. MOTHER'S MAIDEN NAME Helen Dixon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Helen Dixon 1601 Mullikin Ct

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) accidental Drowning — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Severn River (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell off a boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gustave Hartwig M.D. Deputy Medical Examiner Glen Burnie, Md. 6/26/54

FINAL CREMATION (Specify) Burial
DATE THEREOF 6/30/54
NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REG. 6-30-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Elroy C. Wilson
ADDRESS 1000 Brooklyn Md

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

5216 MARYLAND STATE DEPARTMENT OF HEALTH

05164

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH COUNTY: A.A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Heights — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4902 Kramme Ave	STREET ADDRESS (If rural, give location): 4902 Kramme Ave

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) F. (Last) Jones

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	W	M.	10.3.92	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	Home	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Griffith	Mamie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No			Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) A.S.C.V.H.D.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemangiomata of Bone c̄ Vertebral

(c) degeneration & collapse

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to 6-21, 1954, that I last saw the deceased alive on 6-17, 1954 and that death occurred at 2 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S Plosnowski M D 4016 Ritchie Hiway Balto Md 6-21-54

23. BURIAL/CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	6.24.54	Cedar Hill	Balto.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	[illegible]	[illegible]	130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05165

5180 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Third St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 408 Third St.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) F. (Last) Kane
4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: 2-12-1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY: U. S. N. A.
11. BIRTHPLACE (State or foreign country): Upper Fairmount Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Kane
14. MOTHER'S MAIDEN NAME: Ellen Curtis
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Flora B. Kane 408 Third St. Annap. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart — 2 years

DUE TO (c) Diseases

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1953, to June 3, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 6-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-6-1954 NAME OF CEMETERY OR CREMATORY Edwards Chapel LOCATION (City, town, or county) A. A. Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 6, 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1

5217

05166

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis

STREET ADDRESS (If rural, give location) 131 ½ West Street

3. NAME OF DECEASED: (Type or Print) (First) WARREN (Middle) RUSSELL (Last) KIRBY

4. DATE OF DEATH (Month) June (Day) 27, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 1, 1917

9. AGE last birthday: 36 yrs.

IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plumber: employed

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Co

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George M. Kirby

14. MOTHER'S MAIDEN NAME: Bessie E. Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 212-12-6715

17. INFORMANT & ADDRESS: Mrs Mildred D. Kirby- Wife- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning. — Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Severn River

21c. (City or town) Annapolis (County) ... (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June-27-54 ...M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Man fell off row boat.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gustave A Rauterkus M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 30, 54

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 30, 1954

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Ben L. Hopping and Son

ADDRESS Annapolis, Md.

RECEIVED
OCT 1 1954
U.S.

5218 **MARYLAND STATE DEPARTMENT OF HEALTH** 05167

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: ANNE ARUNDEL

City or town: GLEN BURNIE, MD ROUTE 2 BOX 153
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 WEEKS

Hospital, institution, or street address where death occurred: POINT PLEASANT.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: ANNE ARUNDEL

City or town: GLEN BURNIE, RURAL
(If outside city or town limits, write RURAL and give nearest town)

Street No. POINT PLEASANT.
(If rural, give LOCATION)

2.(a) If veteran, name war: Unknown

3.(a) FULL NAME WILLIAM EDWARD LANDIS

3.(b) Social Security Number Unknown

4. Sex: MALE

5. Color or race: WHITE

6.(a) Single, married, widowed, or divorced: MARRIED

6.(b) Name of husband or wife: JANIE LANDIS NEE CAMDEN

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): MAY 3 1898

8. AGE: Years: 56 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: WAYNESBORO Va.
(Town, county, and state)

10. Usual occupation: LABORER

11. Industry or business: COLD STORAGE PLANT.

FATHER
12. Name: JAMES LANDIS
13. Birthplace:

MOTHER
14. Maiden name: ANNIE G. MARKWOOD
15. Birthplace:

16. Informant: MRS HOWARD TRAINER
Address: GLEN BURNIE, MD. ROUTE 2, BOX 153

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: JULY 3, 1954 (month) (day) (year)

Cemetery or crematory: GLEN HAVEN

Location: GLEN BURNIE, MD

18. Funeral director: W. Pingleton
Glen Burnie, Md.

19. July 2 1954 (Date rec'd by registrar) L. J. D'Alba Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 30 1954 at 2 05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1954 to June 30 1954 and that I last saw him alive on June 29 1954

Immediate cause of death: A denocarcinoma of the cecum with infiltration of the appendix and adjacent loop of the ileum

Due to: ?

Due to: Numerous metastatic lesions of liver ?

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: see 21.

Date of op. 6/4/54

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Gustave H. Fischer M.D. M. D. or other

Address: Glen Burnie Md. Date signed 7/1/54

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05168 26

5219 CERTIFICATE OF DEATH

Reg. Dist. No. ~~51~~

1. PLACE OF DEATH: COUNTY ~~Cotton~~ Aa MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ve COUNTY Aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Anna (Last) Lane
4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1954
5. SEX: F
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct 9, 1925
9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cook Ord
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Geo. H Lane
14. MOTHER'S MAIDEN NAME: Pearl Jefferson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Pearl Lane Friendship

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pyelitis and Cold DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 3 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Has been bedridden for years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to June 8, 1954, that I last saw the deceased alive on 6/8, 1954, and that death occurred at 1330 P.M., from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) Orving ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 12, '54
NAME OF CEMETERY OR CREMATORY Mt. Hope Church cemetery
LOCATION (City, town, or county) Sunderland, Cal. Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 6-10-54
REGISTRAR'S SIGNATURE ~~H. W. Ward~~ Ida Belle Dent mb.
24. FUNERAL DIRECTOR Leroy E. Berry ADDRESS Huntingtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14
BUREAU V. S.

5220

05169

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold — LENGTH OF STAY (in this place) 3 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 Buena Vista Rd.	STREET ADDRESS 111 Buena Vista Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) HELEN	(Middle) K	(Last) MARTIN	4. DATE OF DEATH	(Month) JUNE (Day) 5, (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 15, 1888	9. AGE last birthday 66 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Manager	10b. KIND OF BUSINESS OR INDUSTRY Shoe Store		11. BIRTHPLACE (State or foreign country) Massachusetts	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jeremiah Keith			14. MOTHER'S MAIDEN NAME Mary F. Burbank		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 027-22-6585 a		17. INFORMANT AND ADDRESS Mr. Wesley K. Kay --Son-- Smae as # 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

445 x

Immediate cause (a) Hypertensive cardiovascular disease — 3

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to June, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 9 Am m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Severna Park Md	June 5 1954

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE June 6, 54	NAME OF CEMETERY OR CREMATORY ~~Glenexxxxxxxxx~~	LOCATION (City, town, or county) (State) Gloucester, Massachusetts
DATE REC'D BY LOCAL REG. June 6, 1954	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Ben L. Hopping and Son	ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

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BUREAU

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05170

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arundel Ests. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Arundel Estate
STREET ADDRESS (If rural, give location) 32 Badger Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Francis (Last) Maslow
4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1954

5. SEX: M. | **6. COLOR OR RACE:** W. | **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Single | **8. DATE OF BIRTH:** Oct 25th 1951 | **9. AGE** last birthday: 2 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) None | **10b. KIND OF BUSINESS OR INDUSTRY:** | **11. BIRTHPLACE** (State or foreign country): Stanford Conn | **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John Francis Maslow | **14. MOTHER'S MAIDEN NAME:** Marion Roche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | **16. SOCIAL SECURITY NO.:** | **17. INFORMANT & ADDRESS:** Marion Maslow Azunder Est Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE [redacted] CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY Creek | **21c.** (City or town) (County) A A Co (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 25 54 P M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?** Fell Overboard

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 6/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 6-26-54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Meriden Conn

DATE REC'D BY LOCAL REG. June 26, 1954 | REGISTRAR'S SIGNATURE [signature] | **24. FUNERAL DIRECTOR** John M. Layton Sons | ADDRESS Annapolis Md.

RECEIVED
JUN 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05171

5222 **CERTIFICATE OF DEATH** Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Margarets
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Fla COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Penny Farms Fla.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Rae (Last) McCarthy
4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: June 9th 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Minister
10b. KIND OF BUSINESS OR INDUSTRY: Minister
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? N.S.A.
13. FATHER'S NAME: John McCarthy
14. MOTHER'S MAIDEN NAME: ~~[illegible]~~ Margaret Nasbit
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John P. C. McCarthy 154 Conduit St. Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 1 yr.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to June 10, 1954, that I last saw the deceased alive on 6/10, 1954, and that death occurred at 12 45 PM from the causes and on the date stated above.
SIGNATURE James R. Martin (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED 6-10-54

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 6-11-54 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Pri Geo Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR June 11, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REGIS
JUN 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05172

5223 CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Anne Arundel. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover. R F D
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Camp Meade Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY A. A. Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover R F D.
STREET ADDRESS (If rural give location) New Camp Meade Road

3. NAME OF DECEASED: (Type or Print) (First) Alvah (Middle) George (Last) Merritt.
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 20 - 1867
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Farming -
11. BIRTHPLACE (State or foreign country): A A Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Merritt -
14. MOTHER'S MAIDEN NAME: Mary Plumter -

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Non
17. INFORMANT & ADDRESS: Chester Merritt (Son) Hanover R F D Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Oedema of the Lungs — Interval Between Onset And Death: 5 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-Vascular Disease — 5 Years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Non.

19a. DATE OF OPERATION: Non
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Non
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Non m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to June 23, 1954, that I last saw the deceased alive on June 23, 1954, and that death occurred at 10 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Billingsley M.D. ADDRESS 108 Central Ave. Glen Burnie Md. DATE SIGNED June 23 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/26/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Brooklyn R F D (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 25, 1954
REGISTRAR'S SIGNATURE Caldwell Woodruff
24. FUNERAL DIRECTOR R V Singleton ADDRESS Glen Burnie, Md.
L. J. D'Alba M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU
JUN 28

1954

5181 05173

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE ARUNDEL GENERAL HOSPITAL	STREET ADDRESS (If rural, give location) 107 N. Linden Ave

3. NAME OF DECEASED (Type or Print)	(First) ELIZABETH	(Middle) M	(Last) MILLER	4. DATE OF DEATH (Month) JUNE (Day) 15, (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 20, 1893	9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Annapolis, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frederick Hambruch			14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —		17. INFORMANT AND ADDRESS Mr Harry W.S. Miller; Husband; same as # 2	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma. lungs and — 7 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) stomach

(c) Carcinoma Rt. Breast. removed 1947 — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1947	19b. MAJOR FINDINGS OF OPERATION Carcinoma Breast	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to June 15, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Basil	M D	Annapolis Md	6-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 17, 54	NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	LOCATION (City, town, or county) (State) Glen Burnie, Maryland
DATE REC'D BY LOCAL REG. June 17, 1954	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Ben L. Hopping and Son	ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

JUN 21

Film # G167 Item #9
6/21/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

5182 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05175

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN A A General — LENGTH OF STAY (In this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis Md. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob.	(Moulden)	Moreland.	6	13	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	C	Married	Aug 6 1872	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
waterman	oystering	Shadyside Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Moulden	Rose Gross Bethy Moulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
/ /	/	Rose Gross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis Generalized —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Lawrence Hurst	MD	Annapolis Md	6/14/54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/16/54	St Matthews	Shadyside	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15, 1954	J. C. Brown	Herlenty Funeral Home,	Galesville Md

BUREAU V.

5183

05177

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis R. F. D.; STREET ADDRESS (If rural, give location) General Highway

3. NAME OF DECEASED: (First) Charles (Middle) Robert (Last) Nichols

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Aug 9th 1904 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance | 10b. KIND OF BUSINESS OR INDUSTRY: Comp. State Hospital | 11. BIRTHPLACE (State or foreign country): A A Co Md | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Luther M. Nichols | 14. MOTHER'S MAIDEN NAME: Louise A. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: J. Waller Nichols Annapolis R. F. D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Compound Fracture Skull DUE TO — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway | 21c. (City or town) (County) A. A. Co. (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 6 54 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 6-9-54 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. June 8, 1954 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John M. Taylor Sons | ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUN 10
BUREAU V. S.

05178

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5224

CERTIFICATE OF DEATH

Reg. Dist. No. 26

Shady side

1. PLACE OF DEATH:
COUNTY Annarundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Annarundel Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady side
STREET ADDRESS (If rural, give location) 4102 - 10th St NE Washington

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) C. (Last) Nolte

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: aug. 31-03
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months 9 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US Government Ctg Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F Cloey
14. MOTHER'S MAIDEN NAME: Bulah. O Mac. Pherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Julia E. Oliver aunt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170X

Immediate cause (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) (b) Malignancy of bones — 2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Malignancy of breast — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, to June 11, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 9:30 PM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[illegible] MD 502 East Capitol St

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 6-15-54 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 6/17/54 REGISTRAR'S SIGNATURE Ida Belle Dent

24. FUNERAL DIRECTOR ADDRESS L. H. Hines Co. 2901-14 st. N.W.

mnt.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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JUN 18
BUREAU V. S.

Film # 167 Item# 9 6/24/54 emf

05179

MARYLAND 5184 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sherman (Middle) (Last) Offer
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 7-13-1890
9. AGE last birthday 63 6/12 yrs. If under 1 year: Months 11 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Churchton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Offer
14. MOTHER'S MAIDEN NAME Darcus Shaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, for, or unknown) Yes (If year, give war or dates of service) WWI
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Elizabeth Offer - Churchton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subdural hematoma — 2 wk. ±

Antecedent cause(s) (b) Syphilitic aortitis — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia — 4 days

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none known
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/3/, 1954, to 6/14/, 1954, that I last saw the deceased alive on 6/14/, 1954, and that death occurred at 7:00 m., from the causes and on the date stated above.

SIGNATURE Frank M. Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 6/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6-17-54 NAME OF CEMETERY OR CREMATORY Franklin Chapel LOCATION (City, town, or county) Churchton, Md. (State)

DATE REC'D BY LOCAL REG. June 17, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR William Reese II. 108 N. Washington St. Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

JUN 21 1954

5225

05180
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]

LENGTH OF STAY (in this place) [illegible] years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible] COUNTY [illegible]

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN [illegible]

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) EDWIN (Last) ORR

4. DATE OF DEATH (Month) June (Day) [illegible] (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	[illegible]	[illegible]	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
MANAGER	Laundry	Baltimore Md	

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
—	213-12-2594	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic congestive heart failure

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Bowie Lunn Grant M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-1-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-4-54	Druker Burying Ground	Reisterstown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-4-54	Elsie A. Williams	Hennessy Funeral Home	Reisterstown

VS. A15A - 5 - 53

JUN 8 1953

5226 **MARYLAND STATE DEPARTMENT OF HEALTH** 05181

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Aroundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oregon COUNTY Multnomah
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade — LENGTH OF STAY (in this place) 9 Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portland
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital	STREET ADDRESS (If rural, give location) 2[illegible] S. E. [illegible] Street

3. NAME OF DECEASED (Type or Print)	(First) Jack	(Middle) W.	(Last) Ostlund	4. DATE OF DEATH	(Month) June (Day) 19 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) [illegible]	8. DATE OF BIRTH 11 Jul 31	9. AGE last birthday [illegible] yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY U. S. Army	11. BIRTHPLACE (State or foreign country) Oregon	12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME Henry Knelis Ostlund	14. MOTHER'S MAIDEN NAME Mildred				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) 15 Sept. 52	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Bn Hqs 313th [illegible] Fort George G. Meade, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Violent Trauma secondary to automobile accident [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) at Glen Burnie, Maryland

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] | (CITY OR TOWN) Glen Burnie (COUNTY) Anne [illegible] (STATE) [illegible]

TIME OF INJURY (Month) June (Day) 19 (Year) 54 (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from 19 June 3 10 Am, 1954, to 3 20 Am 19 June, 1954, that I last saw the deceased alive on DOA, 1954, and that death occurred at 2 30 A m., from the causes and on the date stated above.

SIGNATURE Lester Wolff, Capt MC. (Degree or title) ADDRESS USAH Ft. Meade, Md. DATE SIGNED 19 June 1954

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY unknown	LOCATION (City, town, or county) Portland (State) [illegible]
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Am. Cook, Inc.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY ~~Baltimore City~~ Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 38 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Gould (Last) Parker
4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 1954
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1877?
9. AGE last birthday 76? yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unk.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	Unknown
Antecedent cause(s)	(b) Pulmonary Tuberculosis (Far advanced)	14 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1953, to 6/23, 1954, that I last saw the deceased alive on 6/23, 1954, and that death occurred at 3:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D. ADDRESS Crownsville, Md. DATE SIGNED 6/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 7/6/54 NAME OF CEMETERY OR CREMATORY University Md School LOCATION (City, town, or county) Baltimore City (State) Md

DATE REC'D BY LOCAL REG. July 6, 1954 REGISTRAR'S SIGNATURE Katherine M. Joyce L J D'Alba mt.
24. FUNERAL DIRECTOR 578 N Biddle St Frances A Hensley ADDRESS

MARGIN RESERVED FOR BINDING

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 3yr. 11½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1102 Edmondson Avenue

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) (Last) Parker

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: ?

9. AGE last birthday: 53 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk.

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Embolism — Interval Between Onset and Death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertensive Cardio-vascular Disease — Unknown

(c): Cerebral Palsy, Spastic Type

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mental Retardation

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - -

(CITY OR TOWN) (COUNTY) (STATE): - - - - - - - - - - - - - - -

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. - - - - - -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 2/1, 1953, to 6/21, 1954, that I last saw the deceased alive on 6/21, 1954, and that death occurred at 6:44 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold K. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 6/21/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-23-54 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county): Baltimore — (State): Md.

DATE REC'D BY LOCAL REG.: 6-23-54 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Mgr. Francis A. Hemsley — ADDRESS: 518 W. Biddle St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05184

5229 CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bay Ridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Ridge
STREET ADDRESS (If rural give location) 16 River Drive

3. NAME OF DECEASED: (Type or Print) (First) VINCENT (Middle) C (Last) PEARSON

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 27- 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Pearson

14. MOTHER'S MAIDEN NAME: Annie Clare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Iona P. Pearson 16 River Drive Bay Ridge Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory Failure — Interval Between Onset And Death: 30 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Anemia — 2 years
DUE TO (c) Multiple Myeloma — 2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ,1952, to June 9 , 1954, that I last saw the deceased alive on 9 June, 1954, and that death occurred at 6.30, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward L Beck M.D. — ADDRESS 41 Southgate Ave Annapolis — DATE SIGNED 6-9-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF 6-12-54 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) (State) Prince George Co Md

DATE REC'D BY LOCAL REGISTRAR June 10, 1954 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Joseph Sawles Sons — ADDRESS Washington D.C.

RECEIVED
JUN 17 19
BUREAU V. S.

MARYLAND

5185

05185

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Gambrills

3. NAME OF DECEASED (Type or Print): (First) LOLA (Middle) M (Last) PHILLIPS

4. DATE OF DEATH: (Month) June (Day) 21, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: JUNE 13, 1899

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Wilson

14. MOTHER'S MAIDEN NAME: Harriett (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---

(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Mr. William P. Phillips Husband same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio - Vascular disease — Interval between onset and death: 10 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 1946, to June 21, 1954, that I last saw the deceased alive on June 20, 1954 and that death occurred at 11:P.m., from the causes and on the date stated above.

SIGNATURE: Edward J Chenoweth — (Degree or title) M.D — ADDRESS: Gambrills Md — DATE SIGNED: 6-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 24, 54

NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: June 24, 1954

REGISTRAR'S SIGNATURE: W. O'Donnell

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 7 1934
BUREAU V. S.

5230

MARYLAND STATE DEPARTMENT OF HEALTH

05186

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne-Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna-Park | LENGTH OF STAY (In this place) 4 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Outside the Majority.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) John (Last) Kazgaitis Jr.

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) S. | 8. DATE OF BIRTH: 10/8/40 | 9. AGE last birthday: 13 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius John Kazgaitis

14. MOTHER'S MAIDEN NAME: Viola Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. J. J. Kazgaitis (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Accidental Drowning	Instant.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	10 y.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (or CONTRIBUTING) CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Majority Rock | (CITY OR TOWN) Riverdale (COUNTY) A. A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6/29/54 2000 hrs. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Drowning.

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Leonidas H. Amberson M.D. | Deputy Medical Examiner. | Glen Burnie, Md. | 6/29/54

FINAL DISPOSITION (Burial, cremation, removal) (Specify) Burial | DATE THEREOF July 2 1954 | NAME OF CEMETERY OR CREMATORY Dark Lawn | LOCATION (City, town, or county) Baltimore (State) Md.

DATE RECD BY LOCAL REG. 6-30-54 | REGISTRAR'S SIGNATURE J. A. W. Hennegan

24. FUNERAL DIRECTOR | ADDRESS
Wm. H. Lawrence Jr. | 3136 Mc Henry

VS. A15A

5231

05187

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York City
STREET ADDRESS (If rural, give location): 785 St. Nicholas Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Fred		Rhone		6	24	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	2/11/11	43 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing labels
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Not determined
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk.
(If year, give war or dates of service): Unk.
16. SOCIAL SECURITY NO.: 262-28-2921
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s)	Hypertensive heart disease	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Alcoholism	Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 19 54, to 6/24, 19 54, that I last saw the deceased alive on 6/24, 19 54, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eibert, M.D. — ADDRESS: Crownsville, Md. Brooklyn — DATE SIGNED: 6/24/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	June 29/54	Cypress Hill Cemetery	New York	

DATE REC'D BY LOCAL REG.: 6 25 54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: W. Brooks — ADDRESS: [illegible]

5232 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05188

Item 7 film G168A 8/2/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie X

LENGTH OF STAY (in this place) 3 y.

HOSPITAL OR INSTITUTION OR STREET ADDRESS VI Ave.N.E. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Same COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same X

STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED: (Type or Print) (First) Lilly (Middle) B. (Last) Roberts

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1954 19

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/26/72

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Buckane

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Robert C.Miller (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Arteriosclerosis — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26/54 19....., to 6/26/54 ., 19....., that I last saw the deceased alive on 6/26/54 19.., and that death occurred at 4.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gustave B. Poulsen MD — ADDRESS Glen Burnie, Md. — DATE SIGNED 6/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF June 29, 1954 — NAME OF CEMETERY OR CREMATORY LOUDON PARK — LOCATION (City, town, or county) (State) BALTIMORE, MD

DATE REC'D BY LOCAL REGISTRAR June 29, 1954 — REGISTRAR'S SIGNATURE [signature] — **24. FUNERAL DIRECTOR** T.W. SINGLETON — ADDRESS GLEN BURNIE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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U. S.

Film#G167 Item# 13,14
6/18/54 emf

5233 MARYLAND STATE DEPARTMENT OF HEALTH 05189

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY ANNE-ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LINTHICUM
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 W. Greenwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Home
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): SUSAN-McALLISTER-ROLEY
4. DATE OF DEATH (Month) (Day) (Year): JUNE-14 1954
5. SEX: F
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widow
8. DATE OF BIRTH: 3/17/71
9. AGE last birthday: 83 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. Clair, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown McALLISTER
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. George R. Barlow [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of neck - by hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with a rope. (Suicide) — unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Basement - at Home. (CITY OR TOWN) Linthicum (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6/14/54 ? ? m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hang herself with a rope.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide ☒, homicide , undetermined .*

SIGNATURE: [illegible] H. Fonderdink (Degree or title) Deputy Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 6/14/54

MATERIAL, CREMATION (MOVAL - Specify): Cremation
DATE THEREOF: 6/16/54
NAME OF CEMETERY OR CREMATORY: Green Mount Crematory
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6-15-54
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons, Balto. Md. ADDRESS

MARGIN RESERVED FOR BINDING

I

CASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

5185

05190
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 11 N Brewer Ave.

3. NAME OF DECEASED: (Type or Print) (First) Vaughan (Middle) Dean (Last) Russell III
4. DATE OF DEATH (Month) (Day) (Year) 6 - 26 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Strike out): Single
8. DATE OF BIRTH: 12-29-1932
9. AGE last birthday: 21 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electricians Helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vaughan Dean Russell
14. MOTHER'S MAIDEN NAME: Mary A. Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Vaughan Dean Russell II Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway
21c. (City or town) (County) A. Co (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 26 54 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE [signature]
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6/26/54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): | DATE THEREOF 6-30-1954 | NAME OF CEMETERY OR CREMATORY Hillcrest | LOCATION (City, town, or county) (State) Annapolis, Md.
DATE REC'D BY LOCAL REG. June 29, 1954 | REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR | ADDRESS John M. Taylor Son Annapolis Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05191

5234

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Friendship, Md. — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. — COUNTY a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendship
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Joseph (Middle) Prescott (Last) Lansbury

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1954.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 23, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 11 Days — IF UNDER 24 HRS.: Hours — Min. 16

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck farmer

11. BIRTHPLACE (State or foreign country): Friendship, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Henckel Lansbury

14. MOTHER'S MAIDEN NAME: Anne Rebecca Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none.

17. INFORMANT & ADDRESS: Durell Lansbury, Friendship, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) coronary occlusion — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized arteriosclerosis

DUE TO

(c) hypertension, myocardial insufficiency

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. myocardial failure for 2 years.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1954, to 6-8, 1954, that I last saw the deceased alive on 5-4, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emil H. Nelson, M.D. — ADDRESS: Lothian, Md. — DATE SIGNED: 6-9-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/12/54 — NAME OF CEMETERY OR CREMATORY: Friendship Cemetery — LOCATION (City, town, or county) (State): Friendship, Md

DATE REC'D BY LOCAL REGISTRAR: 6/12/54 — REGISTRAR'S SIGNATURE: Grace L. Hutchins, Ida Belle Dent mbr — 24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Davidsonville, Md.

VS. A15

RECEIVED
JUN 18 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05192

5235 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riva
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riva Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY a a
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 2 Martin St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Lee (Last) Scherger

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 6/29/1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Specify) House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY? N. S. A

13. FATHER'S NAME: Arthur E. Lee
14. MOTHER'S MAIDEN NAME: Sarah Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Howard Miller Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Sigmoid with
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) metastasis to liver, small
DUE TO
(c) Intestines & stomach

Interval Between Onset And Death: 1 year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to June 13, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 10 p.m. from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 6-14-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)
DATE THEREOF 6-15-54
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR June 15, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REGD.
JUN 17 1
BUREAU V. S.

05193

5236

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale - Glen Burnie P.O.
LENGTH OF STAY (in this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale - Glen Burnie P.O.
STREET ADDRESS (If rural, give location) #8 Ferndale Ave -

3. NAME OF DECEASED (Type or Print) (First) John (Middle) P. (Last) Shay, Sr.

4. DATE OF DEATH (Month) June (Day) 21, (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 11, 1885

9. AGE last birthday 68 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engineer

10b. KIND OF BUSINESS OR INDUSTRY Harper Bros.

11. BIRTHPLACE (State or foreign country) Havre De Grace

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? Shay

14. MOTHER'S MAIDEN NAME ? Shea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. 217-07-2282

17. INFORMANT AND ADDRESS Mrs. Marye Silverman, 2529 Cedar Drive Balto. #7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilatation of the Heart — Interval Between Onset and Death: Suddenly

Antecedent cause(s) (b) Cardio-Vascular Disease — 5 year

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nil.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1944, to Jan. 21, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE James S Bellingsley M.D. (Degree or title) ADDRESS 108 Central Ave Glen Burnie Md DATE SIGNED Jun 21, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE June 23, 1954

NAME OF CEMETERY OR CREMATORY Glen Haven Cem.

LOCATION (City, town, or county) Glen Burnie, Md. (State)

DATE REC'D BY LOCAL REG. June 22, 1954

REGISTRAR'S SIGNATURE L. J. [illegible]

24. FUNERAL DIRECTOR R. K. Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

05194

MARYLAND 5187

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weems Creek
STREET ADDRESS (If rural, give location) Annapolis, Maryland

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Baby Girl Smith

4. DATE OF DEATH (Month) (Day) (Year) June 25, 1954 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH June 25, 54

9. AGE last birthday --- yrs. If under 1 year Months --- Days -- If under 24 hrs. Hours -- Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John W. Smith

14. MOTHER'S MAIDEN NAME Mary J. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. ---

17. INFORMANT AND ADDRESS Mrs John W. Smith Mother same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia neotarum — 8 min.

Antecedent cause(s) Placental insufficiency — 3-4 wks.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) faulty implantation — —

(c) immaturity — —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25 1954, to 6/25 1954, that I last saw the deceased alive on 6/25, 1954, and that death occurred at 6 50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Christhelf Jr. MD - 69 Fran Rein - Annapolis 6/26/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE June 26, 54

NAME OF CEMETERY OR CREMATORY CEDAR BLUFF CEMET.

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 26, 1954 2064291220

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

JUN 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5188 CERTIFICATE OF DEATH

Reg. Dist. No. 05195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel Co. — Annapolis MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Annapolis, Md. 10
LENGTH OF STAY (in this place): Two months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel Gen. Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Md. 3 N 01-4
STREET ADDRESS (If rural give location): 1924 East Pratt St. Balto. Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lula	M.	Smith	6	23	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	married	March 21, 1875	79		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Monroe Holmes	Betty M. Olinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	Mrs Ray L. Wilson Laurel Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Terminal parotitis, left	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Fracture, right hip intertrochanteric	7 weeks
	(c) DUE TO Arteriosclerosis, generalized	Some years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: debilitation, dementia, senility

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr. 28, 1954	Fracture, right hip, femur	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	nursing home	Annapolis	A.A.Co. 02	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐	Not While At Work ☒	HOW DID INJURY OCCUR?
Apr. 28 1954 P.m.			Fell, attempting to walk floor

22. I hereby certify that I attended the deceased from Apr. 28, 1954, to June 23, 1954, that I last saw the deceased alive on June 23, 1954, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Murton J. Waite	M. D.	56 South St. Ave.	June 23 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 25/954	Sunset Cemetery	Bladensburg Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26-54	Wm. J. French mnt.	De Witt Donaldson	Laurel Md

JUN 2[illegible]

BUREAU V. S.

5237 MARYLAND STATE DEPARTMENT OF HEALTH

05196

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover (Rural) LENGTH OF STAY (in this place) 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 19 Stony Run Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover (Rural)
STREET ADDRESS (If rural, give location) Box 19 - Stony Run Rd

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) (Last) Sroka

4. DATE OF DEATH (Month) (Day) (Year) June 11 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 15 1890
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Private
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A. naturalized

13. FATHER'S NAME Joseph Sroka
14. MOTHER'S MAIDEN NAME Mary Pustchniak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-12-3963
17. INFORMANT AND ADDRESS Mrs Mary Sroka (Wife) Box 19 Stony Run Rd Hanover Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (1517)	(a) Carcinoma of Stomach	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Carcinomatosis	6 mo
	(c) Myocardial Insuff	1 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 27/53
19b. MAJOR FINDINGS OF OPERATION Subtotal Gastrectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to June 11 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh
ADDRESS 5609 Main St Cambridge 27 Md
DATE SIGNED 6/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 15, 1954
NAME OF CEMETERY OR CREMATORY Holy Rosary
LOCATION (City, town, or county) (State) Baltimore Co., Maryland

DATE REC'D BY LOCAL REG. June 14, 1954
REGISTRAR'S SIGNATURE Caldwell Woodruff
L. J. DeRoba
24. FUNERAL DIRECTOR R. V. Singleton
ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1[illegible]
BUREAU V. S.

5238

[redacted]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 05197

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SHERWOOD FOREST
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural, give location) 5606 Midwood Road

3. NAME OF DECEASED: (Type or Print) (First) BEVERLY (Middle) GLADYS (Last) STANT

4. DATE OF DEATH (Month) JUNE (Day) 10, (Year) 19 54.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	APR. 19, 1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	WASHINGTON, D.C.	U.S.A.

13. FATHER'S NAME: HOWARD WALKER
14. MOTHER'S MAIDEN NAME: OLIVIA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		MR. SEWALL STANT, 10319 PIERCE DR. SILVER SPRING, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) BARBITURATE POISONING — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Gerin M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. DATE SIGNED 6/12/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	6/15/54	Cedar Hill Crematory	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 18, 54	[illegible]	Warner & Pumphrey	8434 Georgia Ave. Silver Spring, Maryland

5239 MARYLAND STATE DEPARTMENT OF HEALTH

05198

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel - general.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1435. W. Lanvale. St. COUNTY MD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 1435 W. Lanvale. St

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Patterson (Last) Stills
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1954
5. SEX M.
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.
8. DATE OF BIRTH ?
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Charolett Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Will Stills
14. MOTHER'S MAIDEN NAME Katie Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Louis Stills 1405 N. Central Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2+3rd degree burns - 75% body — 16 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) A. A. Co (STATE) MD
TIME OF INJURY (Month) June (Day) 3 (Year) 54 (Hour) A m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Truck turned over + caught fire.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Lin Lacett (Degree or title) MD ADDRESS Annapolis, Maryland DATE SIGNED June 4/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-7-1954
NAME OF CEMETERY OR CREMATORY ?
LOCATION (City, town, or county) Keysville, (State) Va.
DATE REC'D BY LOCAL REG. JUN 7 - 1954
REGISTRAR'S SIGNATURE Huntington Williams, M.J. Wm. E. French mnt
24. FUNERAL DIRECTOR Randolph J. Collick ADDRESS 1412 E. Preston St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05199

5189 **CERTIFICATE OF DEATH**

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A A MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md. 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md.
STREET ADDRESS (If rural give location) 266 King Geo St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Strubling

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Apr 5th 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Accountant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berryville Va
12. CITIZEN OF WHAT COUNTRY? N. S. A

13. FATHER'S NAME: Edward Strubling
14. MOTHER'S MAIDEN NAME: Lydia Kronsler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Louise Taylor Strubling 266 King Geo St Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular Disease — 1 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1953 to June 22, 1954, that I last saw the deceased alive on 6-22, 1954, and that death occurred at 4 55 AM, from the causes and on the date stated above.

SIGNATURE June R. Martin (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 6/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-23-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Norfolk (State) Va.

DATE REC'D BY LOCAL REGISTRAR June 23, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1934
BUREAU V. S.

5190 MARYLAND STATE DEPARTMENT OF HEALTH 05200

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNAPOLIS GEN. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY A.A. CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLENBURNIE MD.
STREET ADDRESS (If rural, give location) 804 STEWART AVE

3. NAME OF DECEASED (Type or Print) (First) Patrick (Middle) T. (Last) Sullivan
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1954

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAR. 16, 1919
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRAKEMAN
10b. KIND OF BUSINESS OR INDUSTRY B+O
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME PATRICK J. SULLIVAN
14. MOTHER'S MAIDEN NAME MARY ELLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MRS BEULAH SULLIVAN, 804 STEWART AVE GLENBURNIE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [signature] ADDRESS [signature] DATE SIGNED 6/24/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JUNE 28/54
NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL
LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Harry H. Nitz ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shady Side
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANK. (Middle) W (Last) Wilde.
4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 29-1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing contractor
11. BIRTHPLACE (State or foreign country): Shady Side
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank F. Wilde
14. MOTHER'S MAIDEN NAME: Bertha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 219-32-0856
17. INFORMANT & ADDRESS: Mrs Elizabeth N. Wilde, Shadyside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4201

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E Louis Luedt M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7-2-54
NAME OF CEMETERY OR CREMATORY Woodfields Cemetery
LOCATION (City, town, or county) (State) Galesville, Md.

DATE REC'D BY LOCAL REG. 7/2/54
REGISTRAR'S SIGNATURE Elsie Vera Williams
24. FUNERAL DIRECTOR J. C. Hardesty + Son ADDRESS Galesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

5191 05201

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ANNAPOLIS, MD.
STREET ADDRESS (If rural, give location) 20 EASTON AVE

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) GORDON (Last) WILLIAMS
4. DATE OF DEATH (Month) JUNE (Day) 26 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: July 18, 1931
9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Driver
10b. KIND OF BUSINESS OR INDUSTRY: Pepsi Cola. Co.
11. BIRTHPLACE (State or foreign country): ANNAPOLIS MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN WILLIAMS
14. MOTHER'S MAIDEN NAME: GERTRUDE BUSER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) Korea Nat.
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MRS. WILLIAMS 20 EASTON AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Fracture Skull DUE TO — Interval Between Onset and Death: Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway
21c. (City or town, (County) AA Co (State) Md
21d. TIME OF INJURY (Month) 6 (Day) 26 (Year) 54 (Hour) P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. Burkhardt M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6/26/54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): DATE THEREOF 6/30/54 NAME OF CEMETERY OR CREMATORY Hillcrest LOCATION (City, town, or county) ANNAPOLIS (State) MD.
DATE REC'D BY LOCAL REG. June 29, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR JOHN M. TAYLOR & SONS ADDRESS ANNAPOLIS, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05202

5192 **CERTIFICATE OF DEATH** Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md.
STREET ADDRESS (If rural give location) Melvin Ave

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) (Last) Wood
4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Sept 10-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Culvert Co Md.
12. CITIZEN OF WHAT COUNTRY? N. S. A

13. FATHER'S NAME: William Marcus
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Earlie Wood Crownsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 8 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart — Several
DUE TO (c) Disease — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Rt. Breast — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to June 20, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 3 pm, from the causes and on the date stated above.
SIGNATURE George C. Basil M. D (Degree or title) ADDRESS Annapolis Md DATE SIGNED 6-22-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 6-23-54 NAME OF CEMETERY OR CREMATORY Mt Zion LOCATION (City, town, or county) Mt Zion A A Co (State) Md

DATE REC'D BY LOCAL REGISTRAR June 23, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sylvan Shores

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Riva

STREET ADDRESS (If rural, give location): Sylvan Shores

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THOMAS LEE WOOD	June 9, 1954 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	May 20, 1948	6 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	Annapolis, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
THOMAS W. WOOD	EVELYN E. NEW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
———	———	Mr. Thomas W. Wood -Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9.2.1.4

Immediate cause (a) Accidental Drowning — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Beach	21c. (City or town) (County) (State) Riva Anne Arundel Maryland
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 9, 1954 3:30pm	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Drowning -- Accidental

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Elmer G. Linhardt M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED June 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 11, 54	Hillcrest Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 10, 1954	Edward Collinson	Ben L. Hopping and Son	Annapolis, Md.

RECEIVED
JUN 15
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05204

5193 CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Drive
STREET ADDRESS (If rural give location) Annapolis Md.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) E. (Last) Wooten Sr.

4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write word) Married

8. DATE OF BIRTH: July 13th 1895

9. AGE Last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Gov. Employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Wooten

14. MOTHER'S MAIDEN NAME: Alice Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Clarence E. Wooten Forest Drive Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Aneurysms — 3 months
DUE TO (c)

452 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17-, 1954, to 4-19-, 1954, that I last saw the deceased alive on 4-18-, 1954, and that death occurred at 6.30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 6-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-22-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff Cem LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 22, 1954 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John M. Saylor & Sons ADDRESS Annapolis Md.

RECEIVED
JUN 23 1954
BUREAU V. S.

5242 **MARYLAND STATE DEPARTMENT OF HEALTH** 05295

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Skidmore
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) J. (Last) Wright

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 19 54

5. SEX: Male — 6. COLOR OR RACE: Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. — 8. DATE OF BIRTH: 6-3-1872 — 9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm — 10b. KIND OF BUSINESS OR INDUSTRY: Self — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wright — 14. MOTHER'S MAIDEN NAME: Lottie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs. Madge B. Wright, Skidmore

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 3 wks since 10-20-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular — since 10-20-53 to my knowledge

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 19 53, to 6-4, 19 54 that I last saw the deceased alive on 6-4, 19 54, and that death occurred at 6 a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jay W. Allen M.D. — 10 Carroll — 6-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/6/54 — NAME OF CEMETERY OR CREMATORY Brookside — LOCATION (City, town, or county) (State) Skidmore, Md.

DATE REC'D BY LOCAL REG. June 5, 1954 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

William Reese & Son 108 N. Hanover St. Annapolis, Md.

RECEIVED
JUN 7 1954
BUREAU V. S.